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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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12321 CERTIFICATE OF DEATH

Reg. Dist. No. 265

a. COUNTY	Semerset	MARYLAND	o. STATE Marylas	b. COUNTY	Semeraet
b. CITY OR TOWN (I RURAL and give no	f autside corporate limits, wr grest town) Ewell	c. LENGTH OF STAY IN 16		outside corporate limits, write RUF	
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give st Smith Island	reet address)	d. STREET ADDRESS / Smith]	Island	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	IRA	ROSS	EVANS Lost	4. DATE Month OF DEATH NOVEL	
S. SEX	171. A A	MARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRTH April 14, 188	last bighday)	FUNDER 1 YEAR IF UNDER 24 H Months Days Hours Mi
10o. USUAL OCCUPATION during most of work	ing life, even if retired)	10b. KIND OF BUSINESS OR INDU Crabs & Oysters		or foreign country) Land, Maryland	12. CITIZEN OF WHAT COUN
13. FATHER'S NAME	.llmore Evans		14 MOTHER'S MAIDEN N	ary Evans	
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		rry R. Evans-	-Ewell, Smith I	
L C C C C C C C C C C C C C C C C C C C	the under-	DISCONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	N IN PART 1(g) 19. WAS AUTOP PERFORMED YES NO
(IF EITHER, NOTIFY	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Port I or Part II of item 18.)	
20c. TIME OF INJUR Hour a. m. p. m.	w	d. INJURY OCCURRED hile work of work	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.	20f. (City or town)	(County) (St
actual SIGNATURE B	at I attended the dec	25-7, and that death	M.D. Greek	M, fram the causes an ADDRESS (Street, city or town, stolething) Smith Island,	d on the date stated ab
220. BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or Tylerton, Md.	***
23. FUNERAL DIRECTOR'		ADDRESSCrisfield, Md.		by REGISTRAR 24b. REGISTI	RAR'S SIGNATURE

VS A15 (4) 15M 9/55

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by the attending physician and completely filled in by the funeral director	iif. Then please remaye carbon papers, es 1 and 2 should be filed with	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13586 12322 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND Somerset Somerset Maryland CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN TH c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town! Crisfield Lifetime Crisfield d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? McCready Hospital S. Somerset Ave. YES NO NAME OF First Middle 4. DATE Month Day Year DECEASED BRETE REBECCA GERALD. (Type or print) DEATH November 29 1957 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH . 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 75 yrs. Months Days Hours Female White WIDOWED A DIVORCED T Jan. 22. 1882 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) At Home Crisfield, Maryland USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME N. Wesley Tawes Margaret Cox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No Miss Sally Sterling--Crisfield, Maryland None 18. CAUSE OF DEATH [Enter only one couse per line for (d), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate DUF TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e, PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, affice bldg., etc.) Not while at work of work 21. I certify that I attended the deceased fram. 1905, to 2 4. 29, 1957, that I last saw the deceased and that death accurred a \$25 A.M. from the causes and an the date stated above. DATE SIGNED ACTUAL PHYSICIAN'S Dr. Sarah M. Peyton, M. D. Main St .- Crisfield, Md. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Dec.2.1957 Asbury Cemetery Crisfield, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Bradshaw & Sons-Crisfield, Md.

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

13589 Reg. Dist. No. 265

1. PLACE OF DEATH o. COUNTY	Somerset		MARY	LAND 2.	USUAL RESIDENCE	(Where decease	ed lived. If instituti b. COUNTY	_	before admis	sion)
b. CITY OR TOWN (II RURAL ond give ne	outside corporate limit crisfield	is, write	c. LENGTH OF STAY	IN 16 3	c. CITY OR TOWN ((If autside corp		URAL and giv	e nearest tow	n)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital, g 715 Breadw		ddress)	1	d. STREET ADDRESS	5 Broad	way		ON.	SIDENCE A FARM? NO TE
3. NAME OF DECEASED (Type or print)	ANNI		Middle		LANE	4. DATE OF DEATH	Mon Novembe		Day	Year 19 57
5. SEX Female	6. COLOR OR RACE	7. MARRI WIDOWEI			TE OF BIRTH	1905	9. AGE (In years last birthday) 52 yrs.		YEAR IF UND	Min.
100. USUAL OCCUPATION during most of work Seafood	ON (Give kind of work of ing life, even if retired) Laborer	ione 10b. I	Saefood				country)	12. CITIZI	A OF WHA	TCOUNTRY
13. FATHER'S NAME	John Lane			14	MOTHER'S MAIDE					
1S. WAS DECEASED EVER		TES2 14 6	OCIAL SECUPITY NO	. 17. INFOR	Florence	a cones	Add			
[Yes, no or unknown]	If yet give war or dates of se	rvice)	217-05-503		Hall, 71	15 Broa		sfield	. Md.	
Conditions, if or gove rise to in couse (o), stoting the lying couse lost.	the <u>under-</u> DUE TO		dre	The A	· inc	la f			yea	Zs.
ICATIC	ER SIGNIFICANT CON							'EN IN PART 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTING	CAUSE OF DEATH	ZVO. DESC	RIBE HOW INJURY O	CCORRED. (Er	iter nature of injury	in rant i or ra	rr ii or irem re.j			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yeo	20d. IN While of work	JURY OCCURRED Not while		OF INJURY (Home, fi street, office bldg.,		y or tawn)	(Cau	unty)	(State)
alive an J	at I attended the	decease _, 19_5		death acc			m the causes of Street, city or town,	ind an the	date stat	
PHYSICIAN'S	Sarah M.	Peyto	n. M. D.			Cref	rield. Ma	healvy		
PHYSICIAN'S NAME (Type)	Sarah M.		22c. NAME OF CEMI	ETERY OR CRI	MATORY		rield, Ma		(Sto	ite)
PHYSICIAN'S NAME (Type)	Nev.30,1	F				22d. LOCA		or county)	(Sto	te)

VS A15 (4) 15M 9/55

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VS A15 (4)

12326

Reg. Dist. No. 2 6

Somerset

c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO Month November 3. 1957 9, AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys 12. CITIZEN OF WHAT COUNTRY? TISA Address Mrs. Elaine M. Walters, Crisfield, Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 17 (Stote) Close 1957 that I last saw the deceased , and that death accurred at 12:30P M, from the causes and an the date stated above. Crisfield, Maryland 22d. LOCATION (City, town, or county) Crisfield, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Bradshaw & Sons, Crisfield, Maryland

CERTIFICATE OF DEATH





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MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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12327

CERTIFICATE OF DEATH

		1232	4	961	2111107	~ 11	. 0. 0		•		Reg.	Dist. No.	0462
	e of DEATH	omerset		٨	AARYLAND		STATE	ence (who		l lived. If institu b. COUNT	otion: Resid	ence befor	e admission)
	RAL ond give ne	f outside corporate limits, v corest town) risfield	vrite c.	LENGTH OF	STAY IN 16	1		own (If or	utside corpoi	rote limits, write	RURAL on	d give near	rest town)
d. N/	RINSTITUTION	AL (If not in hospitol, give cCready Hosp		lress)		1	d. STREET AD		Island	i		•	ON A FARM?
3. NAM DECE (Type	E OF ASED or print)	First JAMES			iddle IARD		Lost SNEADE	£	4. DATE OF DEATH	Noven	onth nber	7 Doy	Year 1957
5. SEX	.e	6. COLOR OR RACE 7. White W	MARRIED DOWED		ARRIED		TE OF BIRTH	187	5	9. AGE (In year lost birthday 82 ye			Hours Min.
duri		ON (Give kind of work done ing life, even if retired)	1	of Busine	ESS OR INDU	STRY				aryland		J S A	F WHAT COUNTRY?
13. FATH	IER'S NAME					14	MOTHER'S						
16 MAS		ohnson Snead		CIAL SECURITY	V NO 117 I	NEOR	MANT	sma_La:	ne Eva		ddress		
	or unknown)	(If yes, give war or dates of service		CIAL SECORII			Bruce	Evan	sEwe		yland		
		TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line f	or (o). (b). one	(c).)	Que Zu	gli e	Le (& 19	lenet	2_	INTE	RVAL BETWEEN ET AND DEATH O Clargo
go	ove rise to in use (o), stoting ing couse fost.	mmediate (,
ICATION	PART II. OTH	RECEIVED CONDITIONS	ONS CON	ro S	O DEATH BUT	NOT	RELATED TO	THE TERMI	Jean Jean	E CONDITION O	GIVEN IN P	ART 1(0) 15	P. WAS AUTOPSY PERFORMED? YES NO
OR (IF E	CONTRIBUTING	S UNDERLYING [] 20t CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCRI	BE HOW INJU	RY OCCURRE	D. (En	ter noture of	injury in F	Port I or Part	I II of item 18.)			
MEDICAL 20c.	TIME OF INJUR Hour o. m. p. m.		While	Not while of work	fo	ACE (OF INJURY (H street, office	ome, form, bldg., etc.	, 20f. (City)	or town)		(County)	(Stote)
ali	I certify the	at I attended the de	195	-0	that death	n acc	, 19.3.2, curred at 4				and an		the deceased by the stated above DATE SIGNED
NA		George C. Co					100000000	Mar		cation,			
	MOVAL (Specify)	Nov 10,19		Ewell			MATORY		Ewel	100 (City, town	land	1)	(State)
23. FUNI	Brads	s signature haw & Sons	Crist	ADDRESS	Md.			24a. REC'I	BY REGIST	RAR 24b. RE	GISTRAR'S	SIGNATUR	alome

VS A15 (4) 15M 9/55

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete filled in by the funeral director, a 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers.	M)	1.	P!
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4 may be retained by the hospital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete filled in by the funeral director, as 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete filled in by the funeral director, as 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers.	, ,	3. 10c	NOT
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete 3 should be detached for use as the buriol-transit permit. Then please remove carbon paper registror prior to buriol, cremation, or removal, and in any event within 72 hours after death.		MEDICAL CERTIFIC.	1
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123	25 CERTIFICA	ATE OF DEATH		Reg. Dist. No. 265
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (When o. STATE Marylan	e deceased lived. If institution b. COUNTY S	ni Residence before odmission) Somerset
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Crisfield	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	iside carporate limits, write RUI 1d	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, given or institution McCready Hospi		d. STREET ADDRESS 324 Pin	e St.	e. IS RESIDENCE ON A FARMA- YES NO
3. NAME OF First DECEASED (Type or print) GEORC	GIA ANN	SOMERS	4. DATE Manth OF DEATH NOVE	Day Year ember 5 1957
Tomala lihita	MIDOWED DIVORCED	B. DATE OF BIRTH Aug. 15, 1885		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) Housewife	At Home	STRY 11. BIRTHPLACE (Stole of Crisfield,		USA
13. FATHER'S NAME George Land	don	14. MOTHER'S MAIDEN NA	ME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) (If yes, give wor or dates of serv	vice)	pert R. Somers	-324 Pine St	-Crisfield, Md.
PART I. DEATH Enter only one couse PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost. Columnia Course Columnia Col	Corona	ry thro		INTERVAL BETWEEN ONSET AND DEATH
CATE	ITIONS CONTRIBUTING TO DEATH BUT 0b. DESCRIBE HOW INJURY OCCURRE			N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
TO CONTROL TO THE CAUSE OF DEATH OF THE CAUSE OF THE CA		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the dalive on New 5, ACTUAL SIGNATURE CRACK PHYSICIAN'S NAME (Type) C. G. Rawley	, 1957, and that death	M.D. Out		10 1/2/5
220. BURIAL, CREMATION, REMOVAL (Specify) Burial Nov. 7, 195			2d. LOCATION (City, town, or Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw &	ADDRESS	24a. REC'D		TRAR'S SIGNATURE

VS A1S (4) 15M 9/SS

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VS A1S (4) 1SM 9/SS

		123	26	CERT	IFIC.	ATE OF DEA	TH		Reg. [L const. No.	359	65
_		Semerset		MAR	YLAND	2. USUAL RESIDENCE o. STATE Somer		ed lived. If instituti b. COUNTY		ence befo		tion)
	RURAL ond give	(If outside corporate lime nearest town) Smith Island		c. LENGTH OF STAY			(If outside corp	parate limits, write f L	RURAL one	give nec	arest fow	n)
•	OR INSTITUTION	Rhodes Poin		oddress)		d. STREET ADDRES / Rhode	s Point					SIDENCE FARM? NO
	NAME OF DECEASED (Type or print)		OYD	Middle STENGL		TYLER, SR.	4. DATE OF DEATE	Mor No		25 Do	,	Year 19 57
-	ale	6. COLOR OR RACE	7. MARS	RIED NEVER MARRI		8. DATE OF BIRTH	878	9. AGE (In years last birthdoy) 79 yrs.	Months		Hours	ER 24 HRS. Min.
00	. USUAL OCCUPAT during most of we Merchant	TION (Give kind of work orking life, even if retired	1)	neral Mdse			don -	country) Maryland	12. C		F WHAT	COUNTR
3.	FATHER'S NAME	Severn T	yler			14. MOTHER'S MAID	h Dise					
Yes	WAS DECEASED EV no. or unknown)	VER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO		s. Olivia T	yler—S		and,	Mary	land	
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	ne far (a), (b), and (c).		ctoris				INTE	ERVAL BE	TWEEN
	11 11 11 11											
	Conditions, if		1	Expert	فس	ionor	evon	any disc	ارمون	1130	· ·	460
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CERTIFI	gove rise to couse (o), stolin lying couse lost PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m p. m.	ony, which immediate g the under. THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Ye	20b. DESC	CRIBE HOW INJURY O	ATH BUT CCCURRED 20e. PLA foc	NOT RELATED TO THE TO. (Enter nature of injury) ACE OF INJURY (Home, fory, street, affice bldg.	farm, 20f. (Ci	ty or town)	Z,that I	(Caunty)	PERFC YES	(State)
CERTIFI	gove rise to couse (o), stolin, lying couse lost PART II. O 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF LHOUR OF INJUMENT OF INJ	ony, which immediate g the under. THER SIGNIFICANT CON VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JRY Month, Day, Ye	20b. DESC	CRIBE HOW INJURY O	ATH BUT CCCURRED 20e. PLA foc	NOT RELATED TO THE TO. (Enter nature of injury) (CE OF INJURY (Home, tory, street, affice bldg.,	farm, 20f. (Ci	ty or town)	Zithat I	(Caunty)	PERFC YES	(State) decease
MEDICAL	gove rise to couse (o), stolin lying couse lost PART II. O 20a. ACCIDENT WOR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJU-Hour o. mp. m. 21. I certify to alive on	ony, which immediate g the under to the under the	20b. DESG	NJURY OCCURRED Not while at work ed from	CCCURRED 20e. PLA foc	NOT RELATED TO THE TO C. (Enter noture of injury) ACE OF INJURY (Home, tory, street, affice bldg. 19.50 to accoursed at 733 M.D. Case Ewell	form, 20f. (Ci elc.) OA.M, fro	ty or town)	7, that I	(Caunty)	PERFC YES	(State)

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